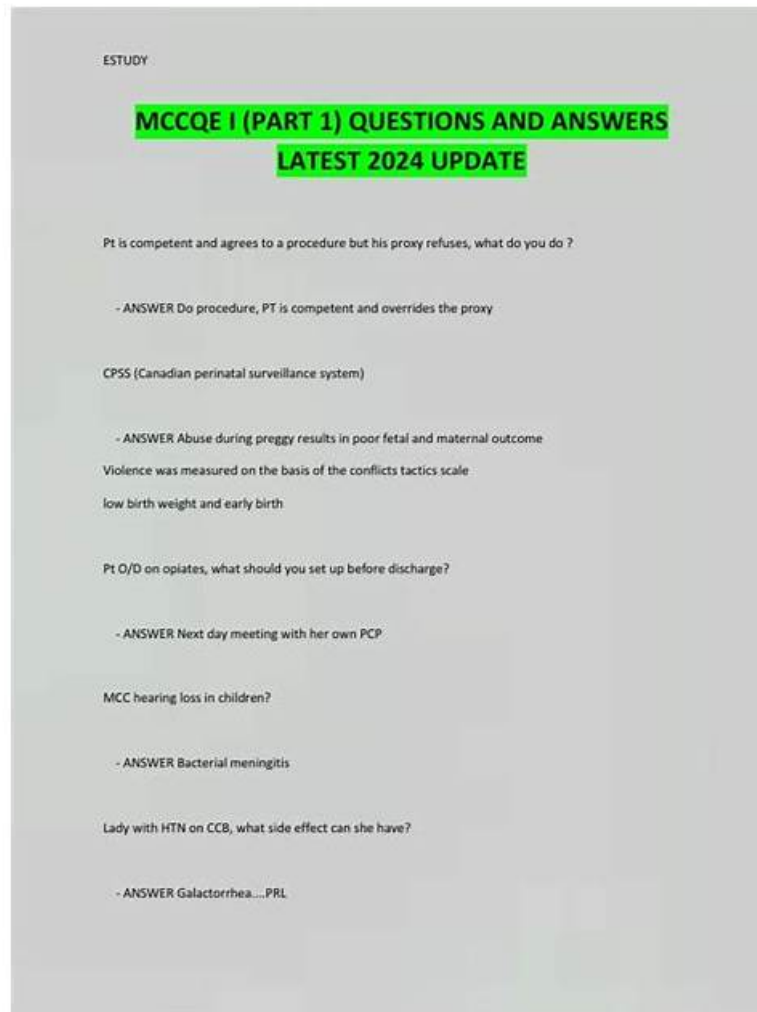


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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q101-Q106):

NEW QUESTION # 101

A 24-year-old woman presents with rapidly increasing lower leg pain. Less than 24 hours ago, she fell off her bicycle and had some minor abrasions. On examination, she is in severe pain and appears anxious. Local examination of her leg reveals mild discoloration with marked tenderness but no swelling in her calf. Which one of the following is the most likely diagnosis?

- A. Deep vein thrombosis
- B. Cellulitis
- C. Plantaris rupture
- **D. Necrotizing fasciitis**
- E. Baker's cyst

Answer: D

Explanation:

Comprehensive and Detailed Explanation:

Rapid progression of pain out of proportion to exam, systemic symptoms (anxiety), and skin changes without major swelling are classic for necrotizing fasciitis—a surgical emergency. Discoloration and extreme tenderness should raise immediate concern.

Toronto Notes 2023 - Emergency Medicine / Surgery:

"Necrotizing fasciitis presents with severe pain, systemic toxicity, rapid progression, and early skin changes (discoloration). Pain out of proportion is a key clue." MCCQE1 Objectives (Emergency Medicine > 51-1: Soft Tissue Infections):

"Candidates must recognize necrotizing fasciitis and initiate urgent surgical consultation." Plantaris rupture (A) is benign and localized. DVT (B) is more gradual and often with swelling. Cellulitis (C) progresses more slowly and is less painful. Baker's cyst (D) causes posterior knee pain, not severe systemic illness.

NEW QUESTION # 102

A 42-year-old man presents to your office with acute left knee pain and difficulty walking. He denies any trauma. He reports 2 painful episodes involving his right great toe in the last year. He smokes half a pack of cigarettes a day and drinks at least 3 beers daily. He has a temperature of 38.2°C and has a red, swollen and warm left knee. Which one of the following is the best next step?

- A. Start indomethacin.
- B. Start acetaminophen.
- **C. Aspirate the knee joint.**
- D. Order radiography of the knee.
- E. Order blood cultures.

Answer: C

Explanation:

The patient presents with an acutely inflamed joint and fever, raising concern for septic arthritis. A history of gout does not exclude infection. The first and most urgent step in any monoarthritis with systemic signs (fever) is joint aspiration to assess for crystals, white cells, and organisms.

Toronto Notes 2023 - Rheumatology, "Monoarthritis":

"Always rule out septic arthritis in a hot, swollen joint, especially when fever is present. Joint aspiration is essential to differentiate infection from crystal arthropathy." MCCQE1 Objectives (Medicine > Rheumatology > 49-1):

"Candidates must identify red flags for septic arthritis and understand that arthrocentesis is the first step in diagnosis and management." Initiating NSAIDs or acetaminophen without diagnosis (C, D) can delay appropriate care. Radiographs (B) do not help differentiate gout from infection acutely. Blood cultures (E) may help, but aspiration is more diagnostic.

NEW QUESTION # 103

A 35-year-old woman, gravida 3, para 0, aborta 3, presents with her male partner because she has been unable to conceive despite trying for more than 1 year. Her menstrual cycles have been absent for 9 months, and she has occasional mild cyclic pain. She has a medical history of 3 suction curettages. Her BMI is 24.

Investigation results are as follows:

Hysterosalpingogram: Obliterated uterine cavity, no tubal dye spill

Progesterone (midluteal): 48.0 nmol/L (16.4-59.0)

Partner's semen: All parameters normal

Which one of the following is the most likely diagnosis?

- A. Intrauterine synechiae
- B. Fibroids
- C. Polycystic ovary syndrome
- D. Hypothalamic insufficiency
- E. Perimenopause

Answer: A

Explanation:

This patient has secondary amenorrhea, infertility, and a history of multiple uterine curettages, which strongly points toward Asherman syndrome (intrauterine adhesions or synechiae). The hysterosalpingogram shows an obliterated uterine cavity and no tubal dye spill—classic for intrauterine synechiae. Her midluteal progesterone level is normal, indicating ovulation.

Toronto Notes 2023 - Gynecology, "Infertility" section:

"Asherman syndrome results from intrauterine adhesions due to curettage, leading to amenorrhea and infertility. HSG shows an obliterated or irregular uterine cavity." MCCQE1 Objectives (Gynecology > 82-1: Infertility):

"Candidates should evaluate secondary amenorrhea and interpret imaging such as hysterosalpingogram in the diagnosis of intrauterine abnormalities." Other options are ruled out by the presence of normal ovulation (rules out hypothalamic and PCOS) and by imaging (not suggestive of fibroids or perimenopause).

NEW QUESTION # 104

A 55-year-old woman presents with a 6-month history of poor memory and impaired concentration. She has bipolar I disorder that has been treated with lithium carbonate for 4 years. She has gained a lot of weight since starting lithium. Physical examination findings are otherwise normal. She is concerned about her memory issues, but there are no other perception, mood, or cognition abnormalities. Which one of the following tests is most likely to have abnormal findings?

- A. Serum sodium level
- B. Liver function tests
- C. Serum thyrotropin (thyroid-stimulating hormone) level
- D. Creatinine clearance
- E. Parathyroid hormone

Answer: C

Explanation:

Comprehensive and Detailed Explanation:

Lithium commonly causes hypothyroidism, which can lead to fatigue, cognitive slowing, weight gain, and memory impairment.

Thyroid-stimulating hormone (TSH) levels are often elevated in such cases.

Toronto Notes 2023 - Psychiatry / Endocrinology:

"Lithium is associated with hypothyroidism and renal impairment. Monitor TSH regularly in patients on lithium therapy." MCCQE1 Objectives (Psychiatry > 71-5: Mood Stabilizers):

"Candidates must recognize the endocrine side effects of lithium, including hypothyroidism and the importance of TSH monitoring."

Creatinine clearance (C) may also be affected but is less directly associated with memory issues. Liver function (A), sodium (D), and PTH (E) are not typically the first abnormal values in this presentation.

NEW QUESTION # 105

You are on duty in the Emergency Department when 5 patients are brought in by ambulance after a high-speed motor vehicle collision. Which one of the following patients requires the most urgent medical care?

- A. A 4-year-old girl with a visibly displaced ankle fracture, in great pain, with normal distal pulses and normal vital signs

- B. A 13-month-old child who is screaming constantly and for whom the triage nurse finds no obvious explanation
- **C. A 32-year-old man with a swollen and angulated thigh, a blood pressure of 112/96 mm Hg, and a pulse of 122/min**
- D. A 23-year-old woman who lost consciousness for about 5 minutes and has a headache despite a normal neurological screening examination
- E. A 72-year-old man with a history of myocardial infarction, with a blood pressure of 163/94 mm Hg, a heart rate of 92/min, and a capillary saturation of 95%

Answer: C

Explanation:

The patient with the angulated thigh, hypotension relative to baseline, and tachycardia likely has a femoral shaft fracture with concealed hemorrhage. This poses an immediate risk of hypovolemic shock and requires urgent assessment and stabilization. Toronto Notes 2023 - Emergency Medicine, "Trauma Triage and Prioritization":

"Patients with long bone fractures, especially femoral fractures, are at high risk for hemorrhage and should be prioritized for stabilization and hemorrhage control." MCCQE1 Objectives (Surgery > 51-1: Trauma):

"Candidates must prioritize trauma patients based on signs of instability or risk of deterioration, such as tachycardia and occult bleeding."

NEW QUESTION # 106

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